

# Modification P-3100

You may use this packet to request **changes or additions** to court orders or judgments.

## Do Not use this packet if:

- You and the other party agree to the changes (use the Stipulation Packet: P-3150),
- Your divorce, legal separation or paternity judgment has **not** yet been granted, or
- You want to enforce a court order or judgment (use the Contempt Packet: P-3101).

## Which form should you use?

Wisconsin Statutes allow individuals to request that a court change or modify a court order or judgment in two ways. The following outlines the procedural differences between the two. **You must choose which option is the best for you; Center Staff cannot tell you which form to use.**

Order To Show Cause and Affidavit	Notice of Motion and Motion
The other party is <b>ordered</b> to appear at the scheduled hearing. The party's presence is mandatory.	The other party is simply <b>notified</b> that there is a hearing. The party's presence is not mandatory.
The document(s) must be <b>Personally Served</b> on the other party. If the party does not appear, the court may proceed without him/her if served properly (see <b>Service Packet</b> )*.	The documents may be <b>served by mail</b> . <b>CAUTION:</b> Some Judges may require personal service under certain circumstances. If the party does not appear, the court may proceed without him/her if served properly (see <b>Service Packet</b> )*.
<b>Signed</b> and made an order <b>by a court official</b> after a review of the supporting affidavit(s).	<b>Signed by the requesting party</b> only.

\* Available in the Court Self-Help Center.

The **Decision and Order** is completed after the hearing to record the Court Official's decision.

## Legal Custody and/or Physical Placement Disputes:

Mediation is an option parties may use to try to come to an agreement with the assistance of an impartial third party. The first session is free, however, once you have used the first session there is a fee for additional sessions. You can either request mediation before you file this request for a court date or request the court date and wait for the court to order the mediation if necessary.

If the parties are unable to come to an agreement, the court may feel it is necessary to appoint an attorney for the children known as a Guardian ad Litem (GAL). A deposit is required and will be applied to the fees incurred by the GAL. The court will determine who must pay which portion of the deposit and any additional fees that may be assessed. The court may also order a physical placement study to be completed by Family Court Counseling Services. A social worker conducts an investigation and the results are used by the court to help decide what is in the children's best interest.

### Fees

Modify Legal Custody or Physical Placement	\$ 50.00
Modify all other types of orders	\$ 30.00
Mediation (after the first free session)	\$ 300.00
Physical Placement Study	\$ 600.00
GAL Deposit	\$1,000.00

**NOTICE:** Family and divorce laws change often. These forms may not be appropriate for all situations. They are intended to be useful in many cases and may have to be changed in some way to fit your case. Talk to a lawyer if you are unsure that these forms are the most appropriate for your situation. **The staff in Court Self-Help Center cannot give legal advice, but can review forms for completeness and answer basic procedural questions.**

Court Related Offices		
<b>Court Self-Help Center</b> <b>Courthouse, Room C-108</b> <b>262-548-7524</b>  <b>Open:</b> Mon 8:30 am - 12:00 pm Wed 12 pm - 4 pm Fri 8:30 am - 4 pm Tues & Thurs by Appointment only	<b>Child Support Agency</b> <b>Administration Building,</b> <b>Room 348</b> <b>262-548-7420</b>  <b>Open:</b> Mon-Fri 8 am - 4:30 pm	<b>Clerk of Courts</b> <b>Family Court Office</b> <b>Courthouse, Room C-112</b> <b>262-548-7544</b>  <b>Open:</b> Mon-Fri 8 am - 4:30 pm
<b>Waukesha County Courthouse, 515 W. Moreland Blvd, Waukesha, WI 53188</b>		
Copies can be made in the Court Self-Help Center for <b>\$ .15</b> per page		

## Procedural Checklist

### Getting a Court Date

1. ☐ Complete either **FA-4170** OR **FA-4171**.
2. ☐ Go to the Court Self-Help Center to have your forms reviewed for completeness during regular business hours on Monday, Wednesday, or Friday or call 262-548-7524 to make a Tuesday or Thursday appointment.
3. ☐ Go to the customer service window of the Family Court Office. The clerks will:
  - Collect the appropriate filing and copy fees.
  - Assign you a court date.
  - Make the copies.
  - Return the appropriate number of copies to you.

**Caution! You may have to wait for court staff to obtain a court official's signature. For best results, avoid the early morning, lunch hour, and late afternoons.**

4. ☐ Attach a **Financial Disclosure Statement** to the other party's copy.

### Notifying the Other Party (Service)

5. ☐ Give the other party(s) notice of the hearing by having them served with the court papers. The form you completed to request the court date will determine which method you must use to have the other party served. See the **Service Packet** for options and procedural instructions.

**Deadline:** The other party(s) must be notified properly and provided with the forms **no later than five (5) business days before the date of the hearing**.

6. ☐ Make a copy of the proof of service (**Affidavit of Service, Admission of Service, or Affidavit of Mailing**) for your records and bring the original to court on the date of the hearing.

**Warning:** Without proof of service, the court cannot proceed with the hearing.

**NOTE:** If, for any reason, you need to cancel or postpone your court hearing, you must send a written request to the court and all parties (including the Child Support Division, if a party). Once the Court has made a decision, you must then notify the other parties of the Court's decision and new date, if one was assigned.

## Preparing for and Going to Court

7. ☐ Take the following items with you to court:
  - Original **proof of service**.
  - Original and two (2) copies (3 if the State is a party) of your **Financial Disclosure Statement**.
  - Any other documents you think may help you make your case to the court and copies for each party.
  - If you wish to have other people testify for you, make sure they come to court in person. **A letter from them is not acceptable.**
8. ☐ Go to the correct courtroom at least 20 minutes before your assigned court time and:
  - Let the bailiff or court clerk know that you have arrived (you may sit and watch court).
  - When your case is called, go to the front of the room and sit where directed.
9. ☐ Present your case to the Judge/Court Commissioner:
  - Be prepared to state your side of each issue clearly and completely.
  - Be prepared to answer questions that may be asked of you by the Court or others.
  - If you wish to offer written evidence or documents to the court, give the original to the court and a copy to the other side.
  - While you are in court, use the forms you prepared as an outline to remind you of each issue you want to talk about.
10. ☐ The Judge/Court Commissioner will state his/her decisions/rulings to you. Take notes because you must be able to write the ruling on a specific form called **Decision and Order** (FA-4175). The court **may** also set another hearing for the parties to return to court.

## After Court

11. ☐ After your court hearing, complete the **Decision and Order** form (FA-4175).
12. ☐ Go to the Court Self-Help Center to have your form reviewed for completeness.
13. ☐ Make four (4) copies (5 if the State is a party) of the completed **Decision and Order**.
14. ☐ Send one copy to the other party and the State of Wisconsin, if it is a party.
15. ☐ File in the Family Court Office, in person or by mail, the original, the remaining three copies of the **Order**, and two self-addressed stamped envelopes (one addressed to you, one addressed to the other party).
16. ☐ The court will hold the **Decision and Order** for five (5) days to give the other party(s) time to review the order and object to its accuracy. If there are no objections within the five days and the court agrees with how you have written the **Order**, he/she will approve and send each party a signed copy.

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Enter the name of the county in which the original case was filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>	<i>For Official Use</i>
Check paternity or marriage. If paternity, enter initials of child.	In re the <input type="checkbox"/> <b>Marriage</b> <input type="checkbox"/> <b>Paternity</b> of _____,	
Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.	<b>Petitioner/Joint Petitioner:</b> _____ First name Middle name Last name _____ Current Mailing Address _____ City State Zip Daytime phone number Vs.	
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	<b>Respondent/Joint Petitioner:</b> _____ First name Middle name Last name _____ Current Mailing Address _____ City State Zip Daytime phone number	
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.		
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	<b>The State of Wisconsin (Child Support Agency)</b> <input type="checkbox"/> <b>is</b> <input type="checkbox"/> <b>is not</b> a party to this action.	<b>Order To Show Cause and Affidavit to:</b> <input type="checkbox"/> <b>Change Legal Custody</b> <input type="checkbox"/> <b>Change Physical Placement</b> <input type="checkbox"/> <b>Change Child Support</b> <input type="checkbox"/> <b>Change Maintenance</b> <input type="checkbox"/> <b>Other:</b> _____  Case No. _____

Enter the name of the party you want to appear in court.	<b>ORDER TO SHOW CAUSE</b> Upon the attached Affidavit, <b>IT IS ORDERED THAT:</b> _____ Before: _____ Location: _____ Date: _____ Time: _____ a.m./p.m., or as soon as the matter may be heard, to show cause (given reasons) why the requests in the attached affidavit should not be granted. <i>If you do not appear as indicated, the court may proceed without you and grant the request.</i>
This section will be completed by the court.	

**IT IS FURTHER ORDERED** that:

- A copy of this order and affidavit be personally served upon all other parties **at least 5 business days** before the date of the hearing.
- Both parties **bring to court a fully completed, dated, and signed Financial Disclosure Statement** and all required attachments.

**BY THE COURT:**

<b>For Court Use Only</b>
---------------------------

_____
Signature
_____
Name Printed or Typed
_____
Date

## AFFIDAVIT

If you are requesting any changes to **legal custody or physical placement**, **check A**, enter the names of the children involved, and check all that apply in 1-5. Complete all relevant information. Indicate if you have attempted Mediation or not and attach a copy of your proposed placement schedule if applicable.

If you are requesting any changes related to a **support order**, **check B**, check all that apply in 1-4, and complete all relevant information for each section checked.

Enter the date the current court order or judgment was signed by a court official.

Check all that apply in A-G. If other, enter the change in circumstance that has prompted you to bring this Motion.

1. I am requesting that the court:

A. ☐ Change the existing legal custody or physical placement of the following children:

1. ☐ To joint legal custody with both parents.
2. ☐ To sole legal custody with me.
3. ☐ From primary physical placement with (name of parent): \_\_\_\_\_ to (name of parent): \_\_\_\_\_.
4. ☐ From the current placement schedule (if any) to a new schedule **I have attached**.
5. ☐ To require placement be ☐ supervised ☐ unsupervised.

The other party and myself ☐ have ☐ have not attempted mediation for this issue.

B. ☐ Change the following support orders as follows:

1. ☐ **Child support** that is currently \$\_\_\_\_\_ per \_\_\_\_\_ to:
  - a. ☐ A new amount based on state child support standards determined by the court.
  - b. ☐ A new set amount of \$\_\_\_\_\_ per \_\_\_\_\_.
  - c. Payments to be made by \_\_\_\_\_.
2. ☐ **Maintenance** (spousal support) that is currently \$\_\_\_\_\_ per \_\_\_\_\_ to:
  - a. ☐ An amount to be determined by the court based on current income.
  - b. ☐ A new set amount of \$\_\_\_\_\_ per \_\_\_\_\_.
3. ☐ **Arrears payment** that is currently \$\_\_\_\_\_ per \_\_\_\_\_ to:
  - a. ☐ An amount to be determined by the court.
  - b. ☐ A new set amount of \$\_\_\_\_\_ per \_\_\_\_\_.
4. ☐ **Arrears balance** as it is currently reflected in the WI SCTF KIDS computer system as \$\_\_\_\_\_ to \$\_\_\_\_\_ because:
  - a. ☐ I have made support or other payments directly to the other party.
  - b. ☐ I dispute the amount that is currently on record.

**I will be able to provide documentation to the court that supports my request.**

C. ☐ Other change(s): \_\_\_\_\_

☐ See Attached

2. The court order that I am asking to be modified was dated: \_\_\_\_\_.

3. This request is based on the following **substantial change in circumstances** that have occurred since the entry of the prior court order in this case:

- A. ☐ A child who was living with the other parent is now living with me.
- B. ☐ A child is no longer eligible for child support because the child has reached age 18, or is over 18 but under 19, and is no longer pursuing a course of education leading to a high school diploma or its equivalent.
- C. ☐ One of the parties has or will be moving to a different residence.
- D. ☐ Employment or work shift of ☐ the other party ☐ myself has changed.
- E. ☐ Income or wages of ☐ the other party ☐ myself has changed.
- F. ☐ The party to whom I owe maintenance has remarried.
- G. ☐ Other: \_\_\_\_\_

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Describe the facts that justify the change you want. Attach additional pages, if necessary.

4. The facts explaining the **substantial change in circumstances** are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ See Attached

**STOP!**

**Take this document to a Notary Public BEFORE you sign it.**

After you have been sworn by a Notary Public, sign and print your name and date the document in front of the Notary Public.

**If you need help in this matter because of a disability, please call:** \_\_\_\_\_

Signature

Name Printed or Typed

Date

Have the Notary Public sign, date, and seal the document.

Subscribed and sworn to before me on: \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public, State of Wisconsin

My commission expires: \_\_\_\_\_

A copy of this Order to Show Cause and Affidavit must be served upon all other parties **at least 5 business days** before the date of the hearing. See the Service Packet for more information.

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<p>Enter the name of the county in which the original case was filed.</p>	<p><b>STATE OF WISCONSIN, CIRCUIT COURT,</b></p> <p>_____ <b>COUNTY</b></p>	<p><i>For Official Use</i></p>
<p>Check paternity, or marriage. If paternity, enter initials of child.</p>	<p>In re the <input type="checkbox"/> Marriage <input type="checkbox"/> Paternity of: _____</p> <p><b>Petitioner/Joint Petitioner:</b></p> <p>_____ First name Middle name Last name</p> <p>_____ Current Mailing Address</p> <p>_____ City State Zip Daytime Phone Number</p>	<p style="text-align: center;"><b>Notice of Motion and Motion to:</b></p> <p><input type="checkbox"/> <b>Change Legal Custody</b> <input type="checkbox"/> <b>Change Physical Placement</b> <input type="checkbox"/> <b>Change Child Support</b> <input type="checkbox"/> <b>Change Maintenance</b> <input type="checkbox"/> <b>Other: _____</b></p> <p>Case No. _____</p>
<p>Enter the name, address and daytime phone number of the petitioner or joint petitioner from the original case file.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>City State Zip Daytime Phone Number</p>	
<p>On the far right, mark the box for the change(s) you are requesting and enter the original case number.</p>	<p><b>Vs.</b></p>	
<p>Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.</p>	<p><b>Respondent/Joint Petitioner:</b></p> <p>_____ First name Middle name Last name</p> <p>_____ Current Mailing Address</p> <p>_____ City State Zip Daytime Phone Number</p>	
<p>Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.</p>	<p>The State of Wisconsin (Child Support Agency)</p> <p><input type="checkbox"/> <b>is</b> <input type="checkbox"/> <b>is not</b> a party to this action.</p>	
<p>Enter the name of the person to whom this motion is directed.</p>	<p style="text-align: center;"><b>NOTICE OF MOTION AND MOTION</b></p> <p>TO: _____</p> <p><b>You are notified that at the following date and time:</b></p> <p>Before: _____</p> <p>Location: _____</p> <p>_____</p> <p>Date: _____</p> <p>Time: _____ a.m./p.m., or as soon as the matter may be heard,</p>	
<p><b>For Court Use Only:</b> This section will be completed by the court.</p>	<p>I will be asking the court to change the existing order in this case as indicated below. <i>If you object to this motion, you need to appear and say so. Otherwise, the court may proceed without you and grant the request.</i></p> <p>You may contact the Family Court Commissioner under Section 767.081, Wis. Stats. for more information on modifying and enforcing court orders or judgments.</p> <p>1. I am requesting that the court:</p> <p style="margin-left: 40px;">A. <input type="checkbox"/> Change the existing legal custody or physical placement of the following children:</p> <p style="margin-left: 80px;">1. <input type="checkbox"/> To joint legal custody with both parents.</p> <p style="margin-left: 80px;">2. <input type="checkbox"/> To sole legal custody with me.</p> <p style="margin-left: 80px;">3. <input type="checkbox"/> From primary physical placement with (name of parent): _____ to (name of parent): _____.</p>	



4. ☐ From the current placement schedule (if any) to a new schedule ***I have attached.***

5. ☐ To require placement be ☐ supervised ☐ unsupervised.

The other party and myself ☐ have ☐ have not attempted mediation for this issue.

B. ☐ Change the following support orders as follows:

1. ☐ **Child support** that is currently \$\_\_\_\_\_ per \_\_\_\_\_ to:
  - a. ☐ A new amount based on state child support standards determined by the court.
  - b. ☐ A new set amount of \$\_\_\_\_\_ per \_\_\_\_\_.
  - c. Payments to be made by \_\_\_\_\_.
2. ☐ **Maintenance** (spousal support) that is currently \$\_\_\_\_\_ per \_\_\_\_\_ to:
  - a. ☐ An amount to be determined by the court based on current income.
  - b. ☐ A new set amount of \$\_\_\_\_\_ per \_\_\_\_\_.
3. ☐ **Arrears payment** that is currently \$\_\_\_\_\_ per \_\_\_\_\_ to:
  - a. ☐ An amount to be determined by the court.
  - b. ☐ A new set amount of \$\_\_\_\_\_ per \_\_\_\_\_.
4. ☐ **Arrears balance** as it is currently reflected in the WI SCTF KIDS computer system as \$\_\_\_\_\_ to \$\_\_\_\_\_ because:
  - a. ☐ I have made support or other payments directly to the other party.
  - b. ☐ I dispute the amount that is currently on record.

**I will be able to provide documentation to the court that supports my request.**

**NOTICE: Both parties must bring to court their fully completed, dated, and signed Financial Disclosure Statement and all required attachments.**

C. ☐ Other change(s): \_\_\_\_\_ ☐ See Attached

2. The court order that I am asking to be modified was dated: \_\_\_\_\_.

3. This request is based on the following substantial **change in circumstances** that have occurred since the entry of the prior court order in this case:

- A. ☐ A child who was living with the other parent is now living with me.
- B. ☐ A child is no longer eligible for child support because the child has reached age 18, or is over 18 but under 19, and is no longer pursuing a course of education leading to a high school diploma or its equivalent.
- C. ☐ One of the parties has or will be moving to a different residence.
- D. ☐ Employment or work shift of ☐ the other party ☐ myself has changed.
- E. ☐ Income or wages of ☐ the other party ☐ myself has ☐ changed.
- F. ☐ The party to whom I owe maintenance has remarried.
- G. ☐ Other: \_\_\_\_\_

4. The facts explaining the substantial **change in circumstances** are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ See Attached

**If you need help in this matter because of a disability, please call: \_\_\_\_\_**

Signature

Name Printed or Typed

Date

A copy of this Notice of Motion and Motion must be served upon all other parties **at least 5 business days** before the date of the hearing. If service is by mail, it must be mailed **at least 8 business days** before the date of the hearing. See the Service Packet for more information.

If you are requesting any changes related to a **support order, check B,** check all that apply in 1-4, and complete all relevant information for each section checked.

Enter the date the current court order or judgment was signed by a court official.

Check all that apply in A-G. If other, enter the change in circumstance that has prompted you to bring this Motion.

Describe the facts that justify the change you want. Attach additional pages, if necessary.

Sign and print your name.  
Enter the date on which you signed your name.

**Note:** This document does not need to be Notarized.

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Enter the name of the county in which the original case was filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>	<i>For Official Use</i>
Check paternity or marriage. If paternity, enter initials of child.	<b>In re the</b> <input type="checkbox"/> <b>Marriage</b> <input type="checkbox"/> <b>Paternity of</b> _____,	
Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.	<b>Petitioner/Joint Petitioner:</b> _____ First name Middle name Last name _____ Current Mailing Address _____ City State Zip Daytime phone number Vs.	
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	<b>Respondent/Joint Petitioner:</b> _____ First name Middle name Last name _____ Current Mailing Address _____ City State Zip Daytime phone number	
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.		
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	The State of Wisconsin (Child Support Agency) <input type="checkbox"/> <b>is</b> <input type="checkbox"/> <b>is not</b> a party to this action.	Case No. _____

**Decision & Order on Motion or OTSC to:**

☐ **Change Legal Custody**  
☐ **Change Physical Placement**  
☐ **Change Child Support**  
☐ **Change Maintenance**  
☐ **Other:** \_\_\_\_\_

<b>STOP! Do not complete the remainder of this form unless required by the court official who is hearing this case.</b>	<b>DECISION AND ORDER ON MOTION or ORDER TO SHOW CAUSE:</b>
Enter the name of the court official who held the hearing and the address and date [month, day, year] on which it was held.	<b>HEARING</b> <b>A hearing was conducted in this matter as follows:</b> 1. Before: _____ Circuit Court Judge/Circuit Court Commissioner 2. Location: _____ 3. Date: _____
Check one box from 1 and check a or b. If b, enter the name of the attorney.	<b>APPEARANCES</b> 1. Former Wife/Mother <input type="checkbox"/> <b>Appeared in person</b> <input type="checkbox"/> <b>appeared by phone</b> <input type="checkbox"/> <b>did not appear</b> <b>AND</b> A. <input type="checkbox"/> Was self-represented. B. <input type="checkbox"/> Was represented by Attorney _____
Check one box from 2 and check a or b. If b, enter the name of the attorney.	2. Former Husband/Father <input type="checkbox"/> <b>Appeared in person</b> <input type="checkbox"/> <b>appeared by phone</b> <input type="checkbox"/> <b>did not appear</b> <b>AND</b> A. <input type="checkbox"/> Was self-represented. B. <input type="checkbox"/> Was represented by Attorney _____
Check a, b, c, or d. If b, c, or d, enter the name of the individual who appeared.	3. Others appearing at the hearing: A. <input type="checkbox"/> None. B. <input type="checkbox"/> Child Support Agency by _____ C. <input type="checkbox"/> Guardian ad Litem (GAL) _____ D. <input type="checkbox"/> Other _____

## FINDINGS and ORDER:

Based on the findings and reasons stated. **IT IS ORDERED:**

1. The Motion or Order to Show Cause is

A. ☐ **DENIED** because no substantial change in circumstance was found. The current order remains in effect.

B. ☐ **DEFERRED** to collect more information. Before making a final decision the court orders the following:

1. ☐ The parties attend mediation with \_\_\_\_\_.
  - a. ☐ no payment is required.
  - b. ☐ wife/mother to pay \$ \_\_\_\_\_ towards the mediation fee by \_\_\_\_\_.
  - c. ☐ husband/father to pay \$ \_\_\_\_\_ towards the mediation fee by \_\_\_\_\_.
2. ☐ Attorney \_\_\_\_\_ be appointed as GAL and
  - a. ☐ no payment is required.
  - b. ☐ wife/mother to pay \$ \_\_\_\_\_ towards the GAL fee by \_\_\_\_\_.
  - c. ☐ husband/father to pay \$ \_\_\_\_\_ towards the GAL fee by \_\_\_\_\_.
3. ☐ A physical placement study be conducted by \_\_\_\_\_.
  - a. ☐ no payment is required.
  - b. ☐ wife/mother to pay \$ \_\_\_\_\_ towards the study fee by \_\_\_\_\_.
  - c. ☐ husband/father to pay \$ \_\_\_\_\_ towards the study fee by \_\_\_\_\_.
4. ☐ Other \_\_\_\_\_

C. ☐ **GRANTED** as follows:

1. ☐ The legal custody or physical placement of the following children: \_\_\_\_\_ is changed as follows:
  - a. ☐ To joint legal custody with both parents.
  - b. ☐ To sole legal custody with (name of parent) \_\_\_\_\_.
  - c. ☐ From primary physical placement with (name of parent): \_\_\_\_\_ to (name of parent): \_\_\_\_\_.
  - d. ☐ To require placement be ☐ supervised ☐ unsupervised as follows: \_\_\_\_\_
  - e. ☐ According to the attached placement schedule.
  - f. ☐ Other: \_\_\_\_\_

2. ☐ Change the financial orders as follows:

- a. ☐ **Child support** to \$ \_\_\_\_\_ per \_\_\_\_\_ beginning on the first day of the month of \_\_\_\_\_. Payments shall be made by \_\_\_\_\_.
- b. ☐ **Maintenance** (spousal support) to \$ \_\_\_\_\_ per \_\_\_\_\_ beginning on the first day of the month of \_\_\_\_\_.
- c. ☐ **Arrears payment** to \$ \_\_\_\_\_ per \_\_\_\_\_ beginning on the first day of the month of \_\_\_\_\_.
- d. ☐ **Arrears balance** is set in the WI SCTF KIDS computer system at \$ \_\_\_\_\_ as of the first day of the month of \_\_\_\_\_.
- e. ☐ **Arrears interest** is set in the WI SCTF KIDS computer system at \$ \_\_\_\_\_ as of the first day of the month of \_\_\_\_\_.

Payments shall be made:

1. ☐ No payments are ordered to be made.
2. ☐ Shall be made to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, Wisconsin 53274-0200.
  - a. ☐ Directly from the payer to WI SCTF (**only allowable if self-employed**).
  - b. ☐ By income assignment from the payer's employer as indicated below:  
Employer name: \_\_\_\_\_  
Address of payroll office: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check A, B, or C.

Check A if the court denied the request to change the order.

Check B, if the judge ordered the parties to do certain things before he/she makes a decision.

If B, check all that apply and complete the corresponding information as necessary.

Check C, if the judge ordered changes to the current court order.

If C, check all that apply in 1-4, and complete the corresponding information as was ordered by the court.

Mark how the court ordered the payments to be made.

**PRINT in BLACK ink**

3. ☐ Other **financial** orders: \_\_\_\_\_  
\_\_\_\_\_

☐ See Attached

4. ☐ Other **non-financial** order(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ See Attached

Check A or B.

If B, enter the date of the review hearing, the judge who will preside, and the room number where the hearing will take place.

**2. A future hearing**

A. ☐ is NOT required

B. ☐ is set for (date) \_\_\_\_\_  
before \_\_\_\_\_ in Room# \_\_\_\_\_.

**3.** Both parties shall notify the Clerk of Courts and the local Child Support Agency in writing, within 10 business days of any change of address, employment, and of any substantial change in income affecting the ability to pay support. This notification does not change the support order. Any party may file moving papers to change this order.

**For Court Use Only.**

**4.** If this matter was heard by a Court Commissioner, and either party requests a new hearing, a Request for New (DeNovo) Hearing must be filed with the Clerk of Courts within \_\_\_\_\_ business days of receipt of this **Order**.

**FAILURE TO OBEY THIS ORDER IS PUNISHABLE AS CONTEMPT OF COURT  
AND MAY RESULT IN A JAIL SENTENCE.**

**BY THE COURT:**

**For Court Use Only**

\_\_\_\_\_  
Signature of Circuit Judge/Court Commissioner

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

**When you submit this order to the court, you must send copies to the other party(s).  
The other party(s) has up to 5 business days to object to the accuracy of this order.**

**PRINT in BLACK ink**

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>	For Official Use
Enter the name of the petitioner. If joint petitioners, enter the name of the wife.	In re the marriage of: <b>Petitioner/Joint Petitioner-Wife:</b> _____ First name                      Middle name                      Last name	
Enter the name of the respondent. If joint petitioners, enter the name of the husband.	<b>Respondent/Joint Petitioner-Husband:</b> _____ First name                      Middle name                      Last name	
Enter the case number.		Case No. _____

**Financial Disclosure Statement**

**1. GENERAL INFORMATION**

This form must be filed with the court within the time period set by the court but no later than 90 DAYS after the service of the **Summons** and **Petition** on the respondent (spouse) or the filing of a **Joint Petition**. Failure by either party to complete and file this form as required will authorize the court to accept the statement of the other party as the basis for its decisions. **Deliberate failure to provide complete disclosure is perjury.**

**Name**

Party (mark one) ☐ **Petitioner** ☐ **Joint Petitioner-Wife** ☐ **Respondent** ☐ **Joint Petitioner-Husband**

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Alternative Phone: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_

**Employer**

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Payroll Office**

☐ **Same as employer**

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**2. PROOF OF INCOME**

- Attach copies of **state and federal income tax returns** for the last two taxable years.
- Attach **wage statements** from your employer for the last 12 weeks showing all income and itemized deductions.

### 3. MEMBERS OF YOUR HOUSEHOLD

Enter the name and relationship of all people living in your household. Check yes or no to identify if they contribute to payment of household expenses.

	Name <input type="checkbox"/> I live alone	Relationship	This person helps pay expenses	
			Yes	No
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

### 4. MONTHLY INCOME

**Income** from wages / salary is received (check one): To calculate monthly gross income use the multiplier shown:

- ☐ weekly -multiply weekly income by 4.3      ☐ every other week (bi-weekly) -multiply bi-weekly income by 2.15  
☐ monthly      ☐ twice a month-multiply semi-monthly income by 2

MONTHLY GROSS INCOME		
1.	Gross monthly income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime.	
2.	Pensions and retirement funds received	
3.	Social Security benefits received	
4.	Disability and Unemployment Insurance received	
5.	Public Assistance Funds received	
6.	Interest and Dividends received	
7.	Child Support and maintenance (spousal support) received from any prior marriage/relationship	
8.	Rental payments received (from property you rent to others)	
9.	Bonuses received	
10.	Other sources of income received: (please specify)	
11.		
12.		
13.	Total Gross Income (add lines 1-12)	\$0.00
MONTHLY DEDUCTIONS		
14.	Number of tax exemptions claimed	
15.	Monthly federal income tax withheld	
16.	Monthly state income tax withheld	
17.	Social Security	
18.	Medicare	
19.	Medical insurance	
20.	Other insurances	
21.	Union or other dues	
22.	Retirement or pension fund	
23.	Savings plan	
24.	Credit union	
25.	Child support or spousal support payments	
26.	Other deductions: (please specify)	
27.		
28.	Total Monthly Deductions (add lines 14 – 27)	
MONTHLY NET INCOME (subtract line 28 from line 13)		

**5. ANTICIPATED MONTHLY EXPENSES**

(During the Divorce or Legal Separation Process)

My Monthly Expenses		
1.	Rent or mortgage payment (primary residence)	
2.	Real Estate Property taxes (residence)	
3.	Repairs and maintenance (including maintenance of appliances and furnishings)	
4.	Food (include eating out) and household supplies	
5.	Utilities (electricity, heat, water, sewage, trash)	
6.	Telephone (local, long distance & cellular)	
7.	Cable and Internet Services	
8.	Laundry and dry cleaning	
9.	Clothing and shoes	
10.	Medical, dental and prescription drug expenses (not covered by insurance)	
11.	Insurance (life, health, accident, auto, liability, disability, homeowner's or renter's-excluding insurance that is paid through payroll deductions)	
12.	Childcare (babysitting and day care)	
13.	Child support or spousal support payments (due to previous marriage or relationship) (Exclude payments made through payroll deductions)	
14.	School expenses (child and adult education)	
15.	Entertainment (include clubs, social obligations, travel, recreation)	
16.	Incidentals (grooming, tobacco, alcohol, gifts, holidays and special occasions)	
17.	Transportation (other than automobile)	
18.	Auto payments (loans/leases)	
19.	Auto expenses (gas, oil, repairs, maintenance)	
20.	Newspapers, magazines, books	
21.	Care and maintenance of pets (food, vet, grooming)	
22.	Payments to any dependents not living in your home and not included in a category above (including college age children)	
23.	Hobbies	
24.	Other taxes than those listed above (exclude payroll deductions)	
25.	Other expenses (include expenses of other real properties owned, professional services such as counseling and tax/legal advice, etc)	
	Other Monthly installment payments:	
26.	Mortgage (other than primary mortgage)	
27.	Other vehicle payments	
28.	Credit card debt (total minimum monthly payments)	
29.	Court ordered obligations	
30.	Student loans	
31.	Personal loans	
<b>TOTAL MONTHLY EXPENSES (Add lines 1-31)</b>		

## 6. ASSETS

If you do not have assets in an asset category, write "none" under the heading and enter "zero" in the estimated value column. If you need more space, please attach additional sheets.

	W = Wife B=Both			H=Husband				
	Ownership or Title Held by			Current Possession				
Household Items	W	H	B	W	H	B	Amount Owed	Estimated Value Today
Household furniture & accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Household appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
China, silver, crystal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Antiques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electronic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sports equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recreational vehicles, boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Automobiles:</b> Year, Make, Model							<b>Amount Owed</b>	<b>Estimated Value Today</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		





<b>Business Interests</b> Name of Business & Address	<b>W</b>	<b>H</b>	<b>B</b>	<b>Type of Business</b>	<b>% of Ownership</b>	<b>Value MINUS Indebtedness</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Other Personal Property</b> Description of Asset				<b>Type of Property</b>		<b>Value</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Assets Acquired</b> Description of Asset <b>G - Gift</b> <b>I - Inherited</b> <b>B - Before Marriage</b>	<b>Ownership</b>			<b>Acquired by</b>			<b>Date Acquired</b>	<b>Value Today</b>
	<b>W</b>	<b>H</b>	<b>B</b>	<b>G</b>	<b>I</b>	<b>B</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Real Estate</b>	<b>Parcel 1</b>			<b>Parcel 2</b>			<b>Parcel 3</b>	
Type of Property								
Address: street, city, state								
Current Fair Market Value								
Current Mortgage Balance								
Other Liens								

---

**7. MEDICAL, HOMEOWNERS/RENTERS, AUTOMOBILE, OTHER INSURANCE**

What type of insurance policies do you have?					
Name of Company, Group # & Policy #	W	H	B	Type of Insurance	Date Issued
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**8. DEBTS**

If there are additional DEBTS, please attach a separate sheet of paper with the creditor's name and address, the type of obligation, who pays (W, H, B) and the current balance.

Creditor's Name & Address	Type of Obligation	Who Currently Pays			Monthly Payment	Current Balance
		W	H	B		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

## 9. DISPOSAL OF ASSETS

Did you dispose of any assets (sold, given away, or destroyed) the year before this case was filed?

☐ Yes ☐ No

If yes, complete chart below:

Property / Asset	Date of Disposal	Fair Market Value on Date of Disposal

## 10. CURRENT LITIGATION

Are you a party in any other lawsuit or litigation?

☐ Yes ☐ No

If yes, identify the lawsuit or litigation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 11. BANKRUPTCY

Have you ever filed for bankruptcy?

☐ Yes ☐ No

If yes, identify the following:

Type of filing \_\_\_\_\_

Date of filing \_\_\_\_\_

Current status \_\_\_\_\_

## 12. DECLARATION

**I declare *under the penalty of perjury* that the above, including all attachments, is true and correct as of the date signed below.**

Sign and print your name.

Enter the date on which you signed your name.

**Note:** This signature does not need to be notarized.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

**PRINT in BLACK ink**

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b>  _____ <b>COUNTY</b>	<i>For Official Use</i>
Enter the name of the petitioner. If joint petitioners, enter the name of the wife.	<b>In re the marriage of:</b>  <b>Petitioner/Joint Petitioner-Wife:</b>  _____ First name                      Middle name                      Last name	
and		
Enter the name of the respondent. If joint petitioners, enter the name of the husband.	<b>Respondent/Joint Petitioner-Husband:</b>  _____ First name                      Middle name                      Last name	
Enter the case number.	<b>Financial Disclosure Statement</b>  Case No. _____	

## 1. GENERAL INFORMATION

This form must be filed with the court within the time period set by the court but no later than 90 DAYS after the service of the **Summons** and **Petition** on the respondent (spouse) or the filing of a **Joint Petition**. Failure by either party to complete and file this form as required will authorize the court to accept the statement of the other party as the basis for its decisions. **Deliberate failure to provide complete disclosure is perjury.**

### Name

Party (mark one)    ☐ **Petitioner**    ☐ **Joint Petitioner-Wife**    ☐ **Respondent**    ☐ **Joint Petitioner-Husband**

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Alternative Phone: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_

### Employer

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Payroll Office

☐ **Same as employer**

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## 2. PROOF OF INCOME

- Attach copies of **state and federal income tax returns** for the last two taxable years.
- Attach **wage statements** from your employer for the last 12 weeks showing all income and itemized deductions.

### 3. MEMBERS OF YOUR HOUSEHOLD

Enter the name and relationship of all people living in your household. Check yes or no to identify if they contribute to payment of household expenses.

	Name <input type="checkbox"/> I live alone	Relationship	This person helps pay expenses	
			Yes	No
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

### 4. MONTHLY INCOME

**Income** from wages / salary is received (check one): To calculate monthly gross income use the multiplier shown:

- ☐ weekly -multiply weekly income by 4.3      ☐ every other week (bi-weekly) -multiply bi-weekly income by 2.15  
☐ monthly      ☐ twice a month-multiply semi-monthly income by 2

MONTHLY GROSS INCOME		
1.	Gross monthly income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime.	
2.	Pensions and retirement funds received	
3.	Social Security benefits received	
4.	Disability and Unemployment Insurance received	
5.	Public Assistance Funds received	
6.	Interest and Dividends received	
7.	Child Support and maintenance (spousal support) received from any prior marriage/relationship	
8.	Rental payments received (from property you rent to others)	
9.	Bonuses received	
10.	Other sources of income received: (please specify)	
11.		
12.		
13.	<b>Total Gross Income (add lines 1-12)</b>	<b>\$0.00</b>
MONTHLY DEDUCTIONS		
14.	Number of tax exemptions claimed	
15.	Monthly federal income tax withheld	
16.	Monthly state income tax withheld	
17.	Social Security	
18.	Medicare	
19.	Medical insurance	
20.	Other insurances	
21.	Union or other dues	
22.	Retirement or pension fund	
23.	Savings plan	
24.	Credit union	
25.	Child support or spousal support payments	
26.	Other deductions: (please specify)	
27.		
28.	<b>Total Monthly Deductions (add lines 14 – 27)</b>	
<b>MONTHLY NET INCOME (subtract line 28 from line 13)</b>		

**5. ANTICIPATED MONTHLY EXPENSES**

(During the Divorce or Legal Separation Process)

My Monthly Expenses		
1.	Rent or mortgage payment (primary residence)	
2.	Real Estate Property taxes (residence)	
3.	Repairs and maintenance (including maintenance of appliances and furnishings)	
4.	Food (include eating out) and household supplies	
5.	Utilities (electricity, heat, water, sewage, trash)	
6.	Telephone (local, long distance & cellular)	
7.	Cable and Internet Services	
8.	Laundry and dry cleaning	
9.	Clothing and shoes	
10.	Medical, dental and prescription drug expenses (not covered by insurance)	
11.	Insurance (life, health, accident, auto, liability, disability, homeowner's or renter's-excluding insurance that is paid through payroll deductions)	
12.	Childcare (babysitting and day care)	
13.	Child support or spousal support payments (due to previous marriage or relationship) (Exclude payments made through payroll deductions)	
14.	School expenses (child and adult education)	
15.	Entertainment (include clubs, social obligations, travel, recreation)	
16.	Incidentals (grooming, tobacco, alcohol, gifts, holidays and special occasions)	
17.	Transportation (other than automobile)	
18.	Auto payments (loans/leases)	
19.	Auto expenses (gas, oil, repairs, maintenance)	
20.	Newspapers, magazines, books	
21.	Care and maintenance of pets (food, vet, grooming)	
22.	Payments to any dependents not living in your home and not included in a category above (including college age children)	
23.	Hobbies	
24.	Other taxes than those listed above (exclude payroll deductions)	
25.	Other expenses (include expenses of other real properties owned, professional services such as counseling and tax/legal advice, etc)	
	Other Monthly installment payments:	
26.	Mortgage (other than primary mortgage)	
27.	Other vehicle payments	
28.	Credit card debt (total minimum monthly payments)	
29.	Court ordered obligations	
30.	Student loans	
31.	Personal loans	
<b>TOTAL MONTHLY EXPENSES (Add lines 1-31)</b>		

## 6. ASSETS

If you do not have assets in an asset category, write "none" under the heading and enter "zero" in the estimated value column. If you need more space, please attach additional sheets.

	W = Wife B=Both			H=Husband				
	Ownership or Title Held by			Current Possession				
Household Items	W	H	B	W	H	B	Amount Owed	Estimated Value Today
Household furniture & accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Household appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
China, silver, crystal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Antiques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electronic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sports equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recreational vehicles, boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Automobiles:</b> Year, Make, Model							<b>Amount Owed</b>	<b>Estimated Value Today</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		





<b>Business Interests</b> Name of Business & Address	<b>W</b>	<b>H</b>	<b>B</b>	<b>Type of Business</b>	<b>% of Ownership</b>	<b>Value MINUS Indebtedness</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Other Personal Property</b> Description of Asset				<b>Type of Property</b>		<b>Value</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Assets Acquired</b> Description of Asset <b>G - Gift</b> <b>I - Inherited</b> <b>B - Before Marriage</b>	<b>Ownership</b>			<b>Acquired by</b>			<b>Date Acquired</b>	<b>Value Today</b>
	<b>W</b>	<b>H</b>	<b>B</b>	<b>G</b>	<b>I</b>	<b>B</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Real Estate</b>	<b>Parcel 1</b>			<b>Parcel 2</b>			<b>Parcel 3</b>	
Type of Property								
Address: street, city, state								
Current Fair Market Value								
Current Mortgage Balance								
Other Liens								

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**7. MEDICAL, HOMEOWNERS/RENTERS, AUTOMOBILE, OTHER INSURANCE**

What type of insurance policies do you have?					
Name of Company, Group # & Policy #	W	H	B	Type of Insurance	Date Issued
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**8. DEBTS**

If there are additional DEBTS, please attach a separate sheet of paper with the creditor's name and address, the type of obligation, who pays (W, H, B) and the current balance.

Creditor's Name & Address	Type of Obligation	Who Currently Pays			Monthly Payment	Current Balance
		W	H	B		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

## 9. DISPOSAL OF ASSETS

Did you dispose of any assets (sold, given away, or destroyed) the year before this case was filed?

☐ Yes ☐ No

If yes, complete chart below:

Property / Asset	Date of Disposal	Fair Market Value on Date of Disposal

## 10. CURRENT LITIGATION

Are you a party in any other lawsuit or litigation?

☐ Yes ☐ No

If yes, identify the lawsuit or litigation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 11. BANKRUPTCY

Have you ever filed for bankruptcy?

☐ Yes ☐ No

If yes, identify the following:

Type of filing \_\_\_\_\_

Date of filing \_\_\_\_\_

Current status \_\_\_\_\_

## 12. DECLARATION

**I declare *under the penalty of perjury* that the above, including all attachments, is true and correct as of the date signed below.**

Sign and print your name.

Enter the date on which you signed your name.

**Note:** This signature does not need to be notarized.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date